

Next Generation MEP Meeting
Date: _____
REGISTRATION FORM

LAST NAME: _____

FIRST NAME: _____

COMPANY/ORGANIZATION: _____

STREET ADDRESS: _____

ROOM NUMBER/MAIL CODE: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

Amount Remitted: ☒ **\$0.00** for registration

Form of Payment:

☐ Check. Make checks payable to

☐ Purchase Order Attached. Purchase Order No.: _____

☐ Master Card ☐ Visa ☐ Discover ☐ American Express

Account No: _____

Exp. Date: _____ Signature _____

Please return this to:

Kerry Miles
National Institute of Standards and Technology
100 Bureau Drive, Stop 3761
Gaithersburg, MD 20899-3751

Or

Fax to: Kerry Miles, (301) 948-2067.